

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Department of Health		CONTACT PERSON Mike Lucius	TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL bob.fagan@msdh.state.ms.us	SUBMIT DATE 10/10/2013	Name or number of rule(s): <u>Chapter 3, (Rule 3.1.1 through 3.26.3) Minimum Standards Of Operation of Pediatric Skilled Nursing Facilities</u>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Senate Bill 2700 in the 2012 Regular Legislative Session authorized the establishment of one (1) Pediatric Skilled Nursing Facility, not to exceed sixty (60) bed, in the State of MS and charged the Mississippi State Department of Health responsibility to develop regulations for licensure and monitoring of this facility. This set of regulations, Chapter 3, is new, in its entirety, and established for the purpose of licensing and regulating this new healthcare entity.

List all rules repealed, amended, or suspended by the proposed rule(s): Chapter 3 is a new Chapter, from Rule 3.1.1 through Rule 3.26.3, designed to allow licensure and provide standards for governance of this new facility.

Specific legal authority authorizing the promulgation of rule: 43-11-13

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

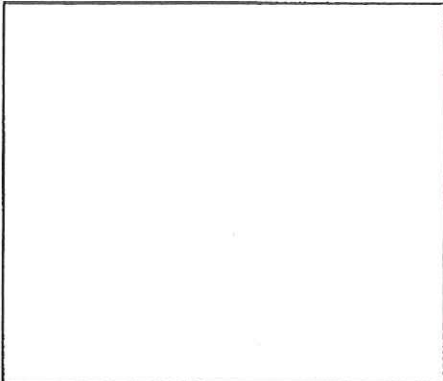
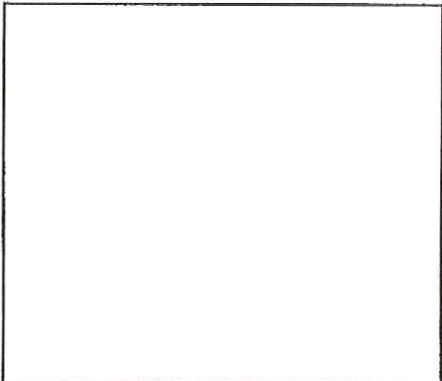

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: <u>9-4-13</u> Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by _____	Accepted for filing by <u>[Signature]</u>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.